

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026086

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 847

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
S.E. Melaney M.D.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Length of stay in 1b 40 Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 Clayton Street		d. STREET ADDRESS (If outside, give location) 210 Clayton Street	
3. NAME OF DECEASED (Type or print) First Middle Last Estil Young Strawn Byrd		4. DATE OF DEATH Month Day Year July 17, 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Fruit Markets	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
13a. FATHER'S NAME Henry A. Byrd		14. NAME OF HUSBAND OR WIFE Hattie M. Byrd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Mrs Lila M. Byrd, 1002 Douglas St.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock and Intracranial Hemorrhage at once		INTERVAL BETWEEN ONSET AND DEATH at once	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Blows on head by wife with axe	
20c. TIME OF INJURY Hour a.m. 3 Month, Day, Year 7 17/62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 210 Clayton St Saint Joseph Buchanan Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>covered body</u> and last saw him <u>alive</u> on <u>7-17-62</u> Death occurred at <u>3 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>7/18/62</u>	
22a. SIGNATURE S.E. Melaney M.D.	22b. ADDRESS 214 N. 1st St. St. Joseph, Mo.	22c. DATE SIGNED 7/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1962	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri
24. FUNERAL DIRECTOR Wm. H. Alexander, St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 20, 1962	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*William H. Alexander*

Licensed Embalmer No. \_\_\_\_\_

*4450*

P. O. Address \_\_\_\_\_

*St. Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.